



**Filming Permit Application**

Date of Application:

Movie Name	
Applicant Name	
Address	
City ST ZIP	
Phone	
Alternate Phone	
Email:	

**Filming Location(s) - Use Address if Possible; Intersection of no Address Available**

**Filming Date(s) / Time(s)**

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I need the following street(s) closed - (List streets including block number, address or intersection)

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I do not need the street closed, but need to use sidewalks, parking lanes and/or one lane (street must have at least 4 lanes)

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I agree that I and all participants in the filming will comply with all City ordinances and other applicable laws, including but not limited to Section 98-9 the City of League City Code of Ordinances.

**For Office Use Only**

	Approved
	Denied

Authorized By:

Comments:

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